

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3045

BIRTH NO. _____		REG. DIST. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>875</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>3939 FAIRFAX</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS MATERNITY HOSPITAL</b>				
3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) <b>Infant - MING</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>JANUARY 12 49</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <b>JANUARY 1-12-49</b>	9. AGE (In years) (Months) (Days) <b>1 55</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <b>ELMER CHARLES MING</b>		13b. MOTHER'S MAIDEN NAME <b>MAUDE LAURA CAYTO</b>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>ST. LOUIS MATERNITY HOSPITAL</b> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity, atelectasis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>157 7/16</b>		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>1-12-49</b> , 19____, to <b>JAN. 12, 1949</b> , that I last saw the deceased alive on <b>JAN. 12, 1949</b> , and that death occurred at <b>12: MIDNIGHT</b> , the causes and on the date stated above.				
23a. SIGNATURE <b>R. T. Hovsh M. D.</b> (Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>JAN 31 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) _____
DATE RECD BY LOCAL HEALTH DEPT. <b>JAN 31 1949</b>		REGISTRAR'S SIGNATURE <b>J B Fasater</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mort. Service</b> ADDRESS <b>4704 Manchester</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**